BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

200-0375

CLAIMS AS FILED - PART I							:	SMALL E	YTITY		OTHER	THAN								
			(Column 1)		(Column 2)			TYPE		OR										
TOTAL CLAIMS			15		1			RATE	FEE		RATE	FEE								
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00								
TOTAL CHARGEABLE CLAIMS			/5 minus 20=		• 0			X\$ 9=		OR	X\$18=									
INDEPENDENT CLAIMS			minus 3 =		• /			X40=		OR	X80=	80.00								
MULTIPLE DEPENDENT CLAIM PRESEN								+135=		OR	+270=									
* If the difference in column 1 is less the				ero, enter	"0" in d	column 2	Į	TOTAL		OR	TOTAL	790.00								
GLAIMS AS AMENDED - PART II						(O-l O)		SMALL	=NTITY	OR	OTHER SMALL									
	/ \	(Column 1) CLAIMS	1	(Colur HIGH		(Column 3)) (r	JUIALL			JAINEL (
AWENDWENT A		REMAINING AFTER AMENDMENT	•	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	· //	Minus	**	20	=		X\$ 9=		OR	X\$18=									
	Independent	* 4 NTATION OF MU	Minus	***	CL AIM	=		X40=		OR	X80=									
	rinoi rhese	NIATION OF MIC	JLTIPLE DEF	ENDENI	CLAIM] .	+135=		ÒЯ	+270=									
			:=	* .			<u>[</u>	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE									
(Column 1) (Column 2) (Column 3)							•													
AMENDWENT B	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		ŖATE	ADDI- TIONAL		RATE/	ADDI- TIONAL								
	Total	* /	Minus	PAID)/)	=		X\$ 9=/	/ FEE	OR	X\$/18=	FEE								
	Independent	· 4	Minus	***	A	=	1 }	X40=			/X80=									
Ø	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						} }			OR	/	200								
								+135=		OR/										
							A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE									
		(Column 1)	_	(Colur		(Column 3)	ล													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	e :	HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=									
	Independent	*	Minus	***		=		X40=		OR	X80=									
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM																			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.																				
•••	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE i	s less tha	an 3, enter "3."		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												